

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-10-02

*01-348

Edward P. Henneberry
Howery Simon Arnold & White, LLP
1299 Pennsylvania Avenue, N.W.
Washington, DC 20004

2. Article Number (Copy from service label)

0023 0771 2672

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) V. Henneberry B. Date of Delivery 12/17/02

C. Signature V. Henneberry ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ YesDOCKET NO 112910

ORDER DATED

CERTIFIED

MAIL

FCC DOM-111

MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Edward P. Henneberry
Howery Simon Arnold & White, LLP
1299 Pennsylvania Avenue, N.W.
Washington, DC 20004

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 0.37Certified Fee 2.30Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

Edward P. Henneberry

Street, Apt. No. or PO Box No.

1299 Pennsylvania Avenue NW

City, State, ZIP+4

Washington, DC 20004

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2672